## Board of Chiropractic Examiners

2525 Natomas Park Drive, Suite 260 Sacramento, CA 95833 Telephone (916) 263-5355 FAX (916) 263-5369 CA Relay Service TT/TDD (800) 735-2929 Consumer Complaint Hotline (866) 543-1311 www.chiro.ca.gov

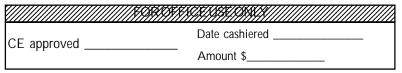


## RESTORATION APPLICATION

Instructions: In order to restore a forfeited license, you must complete all the information requested on this application. Failure to provide the requested information will result in rejection of the application as incomplete. Include a check or money order in the amount of \$300.00. This restoration fee is nonrefundable. In addition to the application and fee, you must include proof of 12 hours of Board-approved continuing education taken within the past 12 months (4 of the 12 hours must include adjustive technique).

Please print or	type						
Name:	Last	First	Middle	Former	License number:		
Address:	Number		Street		Date of forfeiture:		
	City	State		Zip Code	ATTACLLA DUOTOCDADU		
Home telephone		Work	telephone		ATTACH A PHOTOGRAPH		
( )		(	)		Taken Within 60 Days of		
Practice Addre	Practice Address: Number		Street		the Filing of this		
	City	State		Zip Code	Application		
Date of Birth	Driver's Licer	se Number/State	Social Securi	ty Number*	NO POLAROID		
Are you license	ed in any other s	tate or country?	Yes		No If yes, please specify below.		
	State/Country		Issue Date	License	Number Current Status		
Chiropractic C	College you atter	ided:					
Name of Colleg	ge:	Addres	S	City S	tate Zip Code Graduation Date		
*MANDATORY DISCLO	OSURE OF U.S. SOCIAL	SECURITY NUMBERS			1		

Disclosure of your U.S. social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you



1.	Have you ever been convicted of or pled guilty or no of a foreign country, the United States, any state, or a include all misdemeanor and felony convictions, regard including those which have been set aside under Penal violations of \$300 or less need not be reported.) If yes court documents; i.e. complaint, minute order, indictments	local ordinance? You must dless of the age of the offense, Code section 1203.4. (Traffic , include a copy of your criminal	☐ Yes ☐ No				
2.	Are you now on probation or parole for any criminal or state or any other state? (Attach certified copies of all of		Yes No				
3.	Have you ever had disciplinary proceedings against any revocation, suspension, probation, voluntary surrender state or any other state?	•	Yes No				
4.	Are you now, or have you ever been, addicted to the usubstances?	se of narcotics or controlled	Yes No				
5.	Are you now, or have you ever been, addicted to alcoh	nol or other drugs?	Yes No				
6.	Have you ever been or are you currently under observadisorders, alcoholism or drug addiction?	ation or treatment for mental	Yes No				
7.	Have you at any time practiced chiropractic on a forfei inactive license? If yes, indicate the dates of practice in	•	Yes No				
8.	Have you ever been denied a license or similar privileg denied the opportunity to take a licensing examination		Yes No				
	Please attach to this application a copy(ies) o Board-approved Continuing Education.	f your proof of completion of					
	I certify, under penalty of perjury under the laws of the State of California, that all information provi in connection with this application for restoration is true, correct and complete. Providing false information or omitting required information may constitute grounds for disciplinary action against t license.						
	Signaturo						
	Signature						
	Print Name						
	Date Page 2		Form #09restore (Rev. 11/03)				

You must answer all questions and provide an explanation for each affirmative answer. Please attach your explanation(s) to the application. Failure to do so will result in the denial of your restoration application.